

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Beebe Healthcare</b> <b>424 Savannah Road</b> <b>Lewes, DE 19958</b>	J	<b>delinquent medical bill</b>				<b>3,500.00</b>
ACCOUNT NO. <b>463667600001</b> <b>BMW Bank</b> <b>2735 E Parleys Way</b> <b>Salt Lake City, UT 84109</b>	W	<b>deficiency on car loan</b>				<b>7,300.00</b>
ACCOUNT NO. <b>D317251</b> <b>Bullet Express</b> <b>C/O Allied Collection</b> <b>8550 Balboa Blvd, Ste 232</b> <b>Northridge, CA 91325</b>	W	<b>Revolving credit card charges incurred over the past several years.</b>				<b>100.00</b>
ACCOUNT NO. <b>Capital One/HSBC</b> <b>POB 30285</b> <b>Salt Lake City, UT 84130</b>	H	<b>Revolving credit card charges incurred over the past several years.</b>				<b>6,800.00</b>
Subtotal (Total of this page)						\$ <b>17,700.00</b>
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

5 continuation sheets attached

IN RE Shepherd, Edward L. & Shepherd, Lucia M.Case No. 14-19569

Debtor(s)

(If known)

**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>400344133693</b> <b>Capital One/HSBC</b> <b>POB 30285</b> <b>Salt Lake City, UT 84130</b>	<b>W</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>3,900.00</b>
ACCOUNT NO. <b>438854001087XXXX</b> <b>Chase Cardmember</b> <b>POB 15153</b> <b>Wilmington, DE 19886</b>	<b>H</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>800.00</b>
ACCOUNT NO. <b>585637388797</b> <b>Comenity Bank</b> <b>POB 182273</b> <b>Columbus, OH 43218</b>	<b>W</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>700.00</b>
ACCOUNT NO. <b>444796219985</b> <b>Credit One Bank</b> <b>POB 98873</b> <b>Las Vegas, NV 89193</b>	<b>W</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>200.00</b>
ACCOUNT NO. <b>Delaware Cardiovascular Associates</b> <b>34453 King Street Row</b> <b>Lewes, DE 19958</b>	<b>J</b>	<b>delinquent medical bill</b>				<b>800.00</b>
ACCOUNT NO. <b>SH007</b> <b>Delaware Star Dental</b> <b>5507 Kirkwood Highway</b> <b>Wilimngton, DE 19808</b>	<b>J</b>	<b>delinquent medical bill</b>				<b>3,800.00</b>
ACCOUNT NO. <b>601100313450XXXX</b> <b>Discover Card</b> <b>POB 71094</b> <b>Charlotte, NC 28272</b>	<b>J</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>7,500.00</b>

Sheet no. 1 of 5 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **17,700.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
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IN RE Shepherd, Edward L. & Shepherd, Lucia M.Case No. 14-19569

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**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4110081996240</b> <b>Dr Leonards/Carol Wright</b> <b>1515 S. 21st Street</b> <b>Clinton, IA 52732</b>	<b>J</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>100.00</b>
ACCOUNT NO. <b>77787</b> <b>Dr. Kreshtool &amp; Kim</b> <b>1815 W 13th Street, Ste 7</b> <b>Wilimington, DE 19806</b>	<b>J</b>	<b>delinquent medical bill</b>				<b>1,200.00</b>
ACCOUNT NO. <b>Dynamic Physical Therapy</b> <b>1265 Wayne Avenue, Ste 308</b> <b>Indiana, PA 15701</b>	<b>J</b>	<b>delinquent medical bill</b>				<b>600.00</b>
ACCOUNT NO. <b>423980102839</b> <b>First National Bank Of DE/Imagine Master</b> <b>C/O Jefferson Capital</b> <b>16 Mcclelland Road</b> <b>St Cloud, MN 56303</b>	<b>W</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>300.00</b>
ACCOUNT NO. <b>5433-6289-0906-6882</b> <b>First Premier Bank</b> <b>3820 N. Louise Avenue</b> <b>Sioux Falls, SD 57107</b>	<b>W</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>400.00</b>
ACCOUNT NO. <b>517800639923</b> <b>First Premier Bank</b> <b>3820 N. Louise Avenue</b> <b>Sioux Falls, SD 57107</b>	<b>W</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>500.00</b>
ACCOUNT NO. <b>5433-6011-5000-6493</b> <b>First Savings</b> <b>C/O LTD</b> <b>7322 SW Freeway, Ste 1600</b> <b>Houston, TX 77074</b>	<b>W</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>500.00</b>

Sheet no. 2 of 5 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,600.00**

Total  
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IN RE Shepherd, Edward L. & Shepherd, Lucia M.Case No. 14-19569

Debtor(s)

(If known)

**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>811715041</b> <b>Home Shopping Network</b> <b>POB 9090</b> <b>Clearwater, FL 33758</b>	<b>W</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>50.00</b>
ACCOUNT NO. <b>HSBC Bank</b> <b>POB 5456</b> <b>Mt Laurel, NJ 08054</b>	<b>J</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>4,400.00</b>
ACCOUNT NO. <b>545800155626</b> <b>HSBC Bank</b> <b>POB 5456</b> <b>Mt Laurel, NJ 08054</b>	<b>H</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>1,400.00</b>
ACCOUNT NO. <b>Lewes Surgical &amp; Medical Associates</b> <b>32711 Long Neck Road</b> <b>Millsboro, DE 19966</b>	<b>J</b>	<b>delinquent medical bill</b>				<b>1,500.00</b>
ACCOUNT NO. <b>1574401712</b> <b>Mediacom</b> <b>C/O Credit Protection</b> <b>13355 Noel Road, Ste 2100</b> <b>Dallas, TX 75240</b>	<b>J</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>150.00</b>
ACCOUNT NO. <b>Midland Funding</b> <b>227 W. Trade Street, Ste 1610</b> <b>Charlotte, NC 28202</b>	<b>W</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>4,900.00</b>
ACCOUNT NO. <b>5048156365110</b> <b>Monroe &amp; Main</b> <b>1112 7th Avenue</b> <b>Monroe, WI 53566</b>	<b>W</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>125.00</b>

Sheet no. 3 of 5 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **12,525.00**

Total  
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IN RE Shepherd, Edward L. & Shepherd, Lucia M.Case No. 14-19569

Debtor(s)

(If known)

**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>PNC Bank</b> <b>POB 747032</b> <b>Pittsburg, PA 15274</b>	<b>J</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>1,300.00</b>
ACCOUNT NO. <b>5048156365570</b> <b>Seventh Avenue</b> <b>1112 7th Avenue</b> <b>Monroe, WI 53566</b>	<b>W</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>500.00</b>
ACCOUNT NO. <b>2049034940C2G</b> <b>Stoneberry</b> <b>POB 2820</b> <b>Monroe, WI 53566</b>	<b>W</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>300.00</b>
ACCOUNT NO. <b>Sussex Emergency Associates</b> <b>POB 3012</b> <b>Wilmington, DE 19804</b>	<b>J</b>	<b>delinquent medical bill</b>				<b>600.00</b>
ACCOUNT NO. <b>854745</b> <b>T Moblie</b> <b>C/O IC System</b> <b>444 Highway 96 East</b> <b>St Paul, MN 55164</b>	<b>J</b>	<b>delinquent utility bill</b>				<b>400.00</b>
ACCOUNT NO. <b>32201007</b> <b>The Bradford Exchange</b> <b>C/O National Recovery</b> <b>2491 Paxton Street</b> <b>Harrisburg, PA 17111</b>	<b>J</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>100.00</b>
ACCOUNT NO. <b>The Dental Group</b> <b>34359 Carpenters Way</b> <b>Lewes, DE 19958</b>	<b>J</b>	<b>delinquent medical bill</b>				<b>300.00</b>

Sheet no. 4 of 5 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,500.00**

Total  
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IN RE Shepherd, Edward L. & Shepherd, Lucia M.

Case No. 14-19569

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**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>308626700000</b> <b>Tidewater Utilities</b> <b>C/O Jefferson Associates</b> <b>POB 416</b> <b>Fords, NJ 08863</b>	<b>J</b>	<b>delinquent utility bill</b>				<b>200.00</b>
ACCOUNT NO. <b>United Medical</b> <b>131 Becks Woods Drive</b> <b>Bear, DE 19701</b>	<b>J</b>	<b>delinquent medical bill</b>				<b>1,500.00</b>
ACCOUNT NO. <b>7516309910001</b> <b>Verizon</b> <b>POB 2800</b> <b>Lehigh Valley, PA 18002</b>	<b>J</b>	<b>delinquent utility bill</b>				<b>1,000.00</b>
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 5 of 5 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,700.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$ **57,725.00**